



**Land Use Services Department
Building & Safety Division**

CONTRACTOR – AUTHORIZED AGENT FORM

Company Name: _____

Contractor's Name: _____

Contractor's Lic. No: _____

The undersigned individual(s) employed by my company are authorized to sign permit(s), from the County of San Bernardino, on my behalf. If this list changes, we will contact your office in writing. **This letter will expire 2 years after the date signed.**

THE BELOW LISTED EMPLOYEES ARE AUTHORIZED TO SIGN FOR PERMITS UNDER MY CONTRACTOR'S LICENSE NUMBER:

Print Name(s) of authorized employees:

Signature of Licensed Contractor
(To be signed & dated in the presence of a Notary)

Date

THIS DOCUMENT MUST BE NOTARIZED

STAMP NOTARY SEAL HERE (AND/OR) ATTACH SEPARATE NOTARY DOCUMENT TO VERIFY

SIGNATURE OF LICENSED CONTRACTOR